

**IN THE UNITED STATES DISTRICT COURT  
FOR THE MIDDLE DISTRICT OF ALABAMA  
NORTHERN DIVISION**

<b>JAMES ROBERT WEST, JR.</b>	)	
	)	
<b>Plaintiff(s),</b>	)	
	)	
<b>v.</b>	)	
	)	<b>2:08-CV-82-MEF</b>
<b>CAPTAIN SCONYERS, ET AL.</b>	)	
	)	
<b>Defendant(s).</b>	)	
	)	
	)	

**SUPPLEMENTAL SPECIAL REPORT**

COME NOW the Defendants, Kenneth Sconyers, Shawn Logan, Gerald Wright, Matthew Campbell, Joel Tew, Larry Peavey and Dexter Baldwin, by and through the undersigned counsel, and respectfully respond to the Court's April 24, 2008, Order, (Doc. 29) to file on or before May 9, 2008, a supplemental special report which contains copies of Plaintiff's medical records, not heretofore produced, generated between January 18, 2008 and through and including January 27, 2008.

**EXHIBIT**

SUPPLEMENTAL EXHIBIT 1 –Medical Records for the time period indicated in the Court's Order.

**CONCLUSION**

There are still no genuine issues of material fact even in light of the requested medical records, and the Defendants are entitled to judgment as a matter of law. WHEREFORE, the Defendants respectfully request that this Honorable Court dismiss the claims against them.

Respectfully submitted,

TROY KING  
Attorney General

/s/Benjamin H. Albritton  
Benjamin H. Albritton (ASB-0993-R67B)  
Assistant Attorney General

ADDRESS OF COUNSEL:

Office of the Attorney General  
11 South Union Street  
Montgomery, AL 36130  
(334) 242-7555  
(334) 242-2433 – fax

**CERTIFICATE OF SERVICE**

I hereby certify that I have, this the 7<sup>th</sup> day of May, 2008, served a copy of the foregoing upon the Plaintiff by placing same in the United States Mail, postage prepaid and properly addressed as follows:

James West, 110315  
Limestone Correctional Facility  
28779 Nick Davis Rd  
Harvest, AL 35749

/s/Benjamin H. Albritton  
Benjamin H. Albritton  
Assistant Attorney General

**AFFIDAVIT****STATE OF ALABAMA**Limestone COUNTY

I, Debbie Masterson, hereby certify and affirm that I am a medical Records Clerk at Limestone Corr. Facility that I am one of the custodians of medical records at this institution; that the attached documents are true, exact, and correct photocopies of certain medical records maintained here in the institution medical file of one James West, AIS# 110315; and that I am over the age of twenty-one years and am competent to testify to the aforesaid documents and matters stated therein.

I further certify and affirm that said documents are maintained in the usual and ordinary course of business at Limestone Corr. Facility and that said documents (and the entries therein) were made at, or reasonably near, the time that by, or from information transmitted by, a person with knowledge of such acts, events, and transactions referred to therein are said to have occurred.

This, I do hereby certify and affirm to on this the 2nd day of May, 2008.

Debbie Masterson, msc

**SWORN TO AND SUBSCRIBED BEFORE ME THIS THE**

2nd Day of May, 2008.

Janet E. Wilkison

Notary Public

11-16-2010

My Commission Expires

CMS EASTERLING  
200 WALLACE DRIVE  
CLIO, AL 36017  
(334) 397-4471 (A0314-8)

DOB: 11/03/1945

-FINAL- Original Report 01/22/2008

WEST, JAMES

110315

DARBOUZE

106910643 01/21/2008 07:45 01/22/2008 09:49 1/22/2008 12:52 62 Y M

Test Description	Result	Abnormal	Reference Range
------------------	--------	----------	-----------------

-----\* CHEMISTRY \*-----

Glucose	98		70-99 mg/dL
Sodium	141		133-145 mmol/L
Potassium	4.2		3.3-5.3 mmol/L
Chloride	105		96-108 mmol/L
CO2	26		21-29 mmol/L
BUN	11		7-25 mg/dl
* Creatinine	1.2		0.6-1.3 mg/dl
BUN/Creat Ratio		9.2 LO	10-28
Calcium	9.4		8.4-10.4 mg/dl

\*\*\*\*\*

\* GFR, Estimated = 65.15 mL/min/1.73m2

\*\*\*\*\*

GFR (Glomerular Filtration Rate) calculation utilizes the MDRD formula (Modification of Diet in Renal Disease Study Group) and assumes a normal adult body surface area of 1.73. If the patient is African American multiply result reported by 1.21. (Ref. National Kidney Disease Educa. Program.)

\*\*\*\*\* Male/Female reference range: >60 mL/min/1.73 m2 \*\*\*\*\*

Note: A calculated GFR of <60 mL suggests chronic kidney disease, but only if found consistently over at least 3 months. A calculated result of <15 mL is consistent with renal failure.

-----\* HEMATOLOGY \*-----


WBC	7.9	3.40-11.80	x10(3)
RBC	5.0	4.20-5.90	x10(6)
HGB	14.4	12.3-17.0	gm/dl
HCT	46.2	39.3-52.5	%
MCV	92.4	80.0-100.0	FL
MCH	28.8	25.0-34.1	pg
MCHC	31.2	29.0-34.0	gm/dl
RDW	13.8	10.9-16.9	%
POLYS	56	36-78	%
LYMPHS	31	12-48	%
EOS	4	0-8	%
BASOS	1	0-2	%
MONOS	8	0-13	%
Platelet Count	356	144-400	x10(3)

Final Report

Page: 1

CMS EASTERLING

# UA DIPSTICK REPORT

NAME West James AIS# 110315D.O.B. 11/8/45 R/S WMDATE 1/21/08 TIME 10:00 amAPPEARANCE yellow CLARITY clearSPECIFIC GRAVITY 1.015LEUKOCYTES negNITRATE negPH 6.0PROTEIN ~~POS~~ negGLUCOSE negKETONE negUROBILINOGEN ~~1.015~~ normalBILIRUBIN negBLOOD large HEMOGLOBIN NURSE One Pina MD  1/22/08



# MEDICATION ADMINISTRATION RECORD

Facility: ECF Month: 1/08

INIT.	DRUG	DOSE	MODE	INTERVAL	START	STOP	HR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
aw	Cobace	100mg	TPO	BID	X 2 weeks		4p																																
	PHY:	Darbonye			START: 1-16-08	STOP: 2-2-08	4p																																
aw	metamucil	1-tsp	PO	BID	X 2 weeks		4p																																
	PHY:	Darbonye			START: 1-18-08	STOP: 2-2-08	4p																																
LE	DS 1/2 NS	OR 1/2 NS	at	150	chr		i																																
	PHY:	Darbonye			START: 1/18/08	STOP:	12pm																																
aw	DS 1/2 NS	Biliver					12pm																																
	PHY:	Darbonye			START: 1-19-08	STOP: 1-19-08	4p																																
aw	<del>DS 1/2 NS</del>	<del>at 150</del>	<del>chr</del>	<del></del>	<del></del>	<del></del>	1/7																																
	PHY:	Darbonye			START: 1-19-08	STOP: 1-19-08	4p																																
	Bactrim DS	TPO	BID	X 7 Days			4p																																
	PHY:	Darbonye			START: 1-19-08	STOP: 1-26-08	4p																																
	PHY:				START:	STOP:																																	
	PHY:				START:	STOP:																																	
	PHY:				START:	STOP:																																	

DIAGNOSIS:	DOB/INMATE #:	LOCATION:	NAME:
ALLERGIES:	11025	ECF	West, James
NKA		11-3-45	

EMERGEN

Body Chart  
(OTHER)

TREATME

RECORD

DATE 1-18-08	TIME 1200 AM	FACILITY ECF	<input type="checkbox"/> EMERGENCY <input checked="" type="checkbox"/> OTHER	
ALLERGIES NKDA	SpO2 98% RA		CONDITION ON ADMISSION <input type="checkbox"/> GOOD <input checked="" type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> SHOCK <input type="checkbox"/> HEMORRHAGE <input type="checkbox"/> COMA	
VITAL SIGNS: TEMP 97.1	ORAL RECTAL	RESP. 22	PULSE 104	B/P 120/174
NATURE OF INJURY OR ILLNESS No comment when asked why needed body chart S. later do @ hip pain, @ back pain, + @ shoulder pain.		<input type="checkbox"/> ABRASION <input type="checkbox"/> CONTUSION <input type="checkbox"/> BURN <input checked="" type="checkbox"/> FRACTURE <input type="checkbox"/> LACERATION <input type="checkbox"/> SUTURES		
PHYSICAL EXAMINATION D- W/m escorted to HCU by SGT Paul SGT Logan, SGT Wright, and CPT Sconyers, Co. Tew, Co. Baldwin. Walking c assistance Ato x3. Resp c ease. SKIN warm + dry to touch. Lungs CTA. @ Bruising noted to Bilateral forearms. Skin tear c minimal noted to @ elbow @ Bruising noted to @ chest area. + @ T arm Superficial scratches noted to @ neck. @ Abrasion @ anterior ear. @ Ear canal: Tm intact @ bleeding/swelling noted. @ Ear: Tm intact @ Dermatitis @ drainage @ Abrasion noted to @ Hand - 4th digit. @ moderate edema noted to @ @ back: pt states unable to void. Able to move all extremities c limitation. @ @ shoulder pain when moving @ arm. Ato do pain to @ leg c standing				
ORDERS, MEDICATION, etc. Admit to inf. Hold in HCU safe cell for observation Motrin 800mg po TID PRN X 14 days Baclofen 20mg po TID PRN X 14 days X-Ray @ shoulder / L-S spine UA today, Chem 7, CBC VD. Dr. Darlause / CW Amble, RN				
DIAGNOSIS Soft Tissue Injuries w/ Hematoma L flank, multiple Abrasions,				
INSTRUCTIONS TO PATIENT				
RELEASE/TRANSFER DATE 1/18/08	TIME AM PM	RELEASE/TRANSFERRED TO Hold in HCU	<input type="checkbox"/> DOC <input type="checkbox"/> AMBULANCE <input type="checkbox"/> CONDITION ON DISCHARGE <input type="checkbox"/> SATISFACTORY <input type="checkbox"/> POOR <input type="checkbox"/> FAIR <input type="checkbox"/> CRITICAL	
NURSE'S SIGNATURE CW Amble RN	DATE 1-18-08	PHYSICIAN'S SIGNATURE [Signature]	DATE 1/18/08	CONSULTATION
PATIENT'S NAME (LAST, FIRST, MIDDLE) West, James		AGE 11	DATE OF BIRTH 11-3-45	R/S W/m
				AIS # 110315

NO other <sup>error as</sup> do noted. ~~NO other injuries noted.~~ ④ Abrasion noted  
to bilateral Knees. NO other injuries noted.  
O- DOC Body Chart

P-T Areas cleansed & NS. Band-aid applied to  
(R) elbow area. Ice applied to ④ ↓ back.  
Dr Dailouze consulted - orders received.

Correctional Medical Services  
Inter Disciplinary Progress Notes

1/3/45

Patient  
Name:

WEST, JAMES

ID#:

110315

Institution:

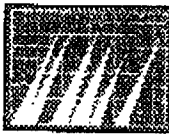
EASTERN

Date	Time	Notes	Signature
1-16-08	9:00 A.M.	FLU - facial numbness T-97.3 P-79 R-80 AP-116/70 Sat 95% Rt. D12 - Doing much better, dense, pain to not much of hands	1784
		O. down: normal. Rt: entire up to BTL PAAL	A-
1/22/08		He returns to Alaska - 5/2 Alterant with doc 20/20 on 1/22/08 Refused medical evaluation x-ray of L hip = negative R hip = ② L spine = ② L rib nerves = ②	A-
1/22/08		V.A : 1 body 7 141/105/11 L98 4.2/86/1.2 L98 Rt: entire - 2nd visit Discharge from Infirmary	A-

Physician's Orders

Name <u>West, James</u> DOB <u>11-3-45</u> Location <u>ECF</u> Allergies <u>NKA</u>	1.	Start Date & Time	<u>1-19-08</u> <u>mt</u>
	2.	①	<u>D/C D5 1/2NS</u>
	3.	②	<u>D/C IV</u>
	4.		
	5.		
	6.		<u>V/O Dr. Darbouze / m. Hall, RN</u>
	7.		<u>Dispense As Written</u> <u>M.D.</u>
	8.		<u>Substitute Permitted</u> <u>M.D.</u>
Name _____ DOB _____ Location _____ Allergies _____	9.	Start Date & Time	
	10.		
	11.		
	12.		
	13.		
	14.		
	15.		<u>Dispense As Written</u> <u>M.D.</u>
	16.		<u>Substitute Permitted</u> <u>M.D.</u>
Name _____ DOB _____ Location _____ Allergies _____	17.	Start Date & Time	
	18.		
	19.		
	20.		
	21.		
	22.		
	23.		<u>Dispense As Written</u> <u>M.D.</u>
	24.		<u>Substitute Permitted</u> <u>M.D.</u>
Name <u>West, James</u> DOB <u>11-3-45</u> Location <u>ECF</u> Allergies <u>NKA</u> <u>Noted 1-22-08 2:00pm C. Williams R</u>	25.	Start Date & Time	<u>1/22/08</u> <u>13:00</u>
	26.		<u>Discharge for Infusion</u>
	27.		
	28.		
	29.		
	30.		
	31.		<u>Dispense As Written</u> <u>M.D.</u>
	32.		<u>Substitute Permitted</u> <u>M.D.</u>
Name <u>WEST, JAMES</u> DOB <u>11-3-45</u> Location <u>ECF</u> Allergies <u>NKA</u> <u>Noted 1-20-08 1:45pm</u>	33.	Start Date & Time	<u>1-20-08</u> <u>1:45pm</u>
	34.		<u>CX R @ rib detail</u>
	35.		<u>T. O. Dr. Darbouze / S. Smith</u>
	36.		
	37.		
	38.		
	39.		<u>Dispense As Written</u> <u>M.D.</u>
	40.		<u>Substitute Permitted</u> <u>M.D.</u>

113015 Name <u>West, James</u> DOB <u>11-3-45</u> Location <u>ECF</u> Allergies <u>NKA</u>		1. Start Date & Time <u>1-19-08</u> 2. <u>Baclofen DS TID PO BID x 7 Days</u> 3. <u>Cont. Current IV fluids</u> 4. <u>W/O Dr. Darbonne / J. J. J. J.</u> 5. <u>Dispense As Written</u> M.D. 6. <u>Substitute Permitted</u> M.D.
113015 Name <u>West, James</u> DOB <u>11-3-45</u> Location <u>ECF</u> Allergies <u>NKA</u> Noted 1-19-08 10:30pm W. J. J. J.		9. Start Date & Time <u>1-19-08</u> 10. <u>Give bolus of D5 1/2 NS or 1/2 NS</u> 11. <u>then ↓ to 100cc/hr</u> 12. <u>Recheck UA p bolus.</u> 13. <u>Admit to infirmary</u> 14. <u>W/O Dr. Darbonne / J. J. J. J.</u> 15. <u>Dispense As Written</u> M.D. 16. <u>Substitute Permitted</u> M.D.
113015 Name <u>West, James</u> DOB <u>11-3-45</u> Location <u>ECF</u> Allergies <u>NKA</u>		17. Start Date & Time <u>1-19-08</u> 18. <u>1. Start IV D5 1/2 NS at</u> 19. <u>150cc/hr. or 1/2 NS at 150cc/hr</u> 20. <u>2. X-Ray Left hip.</u> 21. <u>W/O Dr. Darbonne / J. J. J. J.</u> 22. <u>Dispense As Written</u> M.D. 23. <u>Substitute Permitted</u> M.D.
110315 Name <u>West, James</u> DOB <u>11-3-45</u> Location <u>ECF</u> Allergies <u>NKA</u> Noted 1-18-08 10:00pm W. J. J. J.		25. Start Date & Time <u>1-18-08</u> 26. <u>Pul Coloxyl po daily PRN x 2 weeks</u> 27. <u>Colace 100mg TID po BID x 2 weeks</u> 28. <u>Metamucil 1 Tsp po BID x 2 weeks</u> 29. <u>W/O Dr. Darbonne / J. J. J. J.</u> 30. <u>Dispense As Written</u> M.D. 31. <u>Substitute Permitted</u> M.D.
110315 Name <u>West, James</u> DOB <u>11-3-45</u> Location <u>ECF</u> Allergies <u>NKA</u> Noted 1-18-08 12:00pm W. J. J. J.		33. Start Date & Time <u>1-18-08</u> 34. <u>Baclofen 20mg po TID PRN x 14 days</u> 35. <u>Motrin 800mg po TID PRN x 14 days</u> 36. <u>UA Chem 7, CBC</u> 37. <u>Hold in Hall safe cell for observation</u> 38. <u>W/O Dr. Darbonne / J. J. J. J.</u> 39. <u>Dispense As Written</u> M.D. 40. <u>Substitute Permitted</u> M.D.



American Mobile Imaging Unit 3  
5766 Carmichael Parkway  
Montgomery, AL 36117-2351  
Phone: 334-269-3322  
Fax: 334-244-2974

## FINAL X-RAY REPORT

PATIENT: **WEST, JAMES**  
PHYSICIAN: **DARBOUZE**  
LOCATION: **EASTERLING CORRECTIONAL FACILITY**  
STATION: **N/A**

DOB: 11/03/1945  
DOS: 01/21/2008

EXAM REASON: **PAIN LT RIBS FROM INJ. LT SIDE OF CHEST AND AXILLA AND  
LLRIB PAIN**  
EXAM TYPE: **PORTABLE RIB LEFT**

FINDINGS: Multiple images of the left side were obtained at various obliquities.  
There are no fractures. All cortical margins are intact. The underlying  
lung parenchyma and pleural surfaces appear normal. Bone density is normal  
and uniform.

IMPRESSION: **NEGATIVE LEFT RIB SERIES.**

A handwritten signature in dark ink, appearing to read "Anne Glaser".

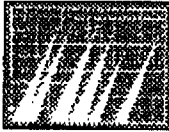
**ANNE GLASER MD**

D: 01/21/2008 17:38:07 CST

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*Noted 1/22/08*



American Mobile Imaging Unit 3  
5766 Carmichael Parkway  
Montgomery, AL 36117-2351  
Phone: 334-269-3322  
Fax: 334-244-2974

## FINAL X-RAY REPORT

PATIENT: WEST, JAMES  
PHYSICIAN: DARBOUZE  
LOCATION: EASTERLING CORRECTIONAL FACILITY  
STATION: N/A

DOB: 11/03/1945  
DOS: 01/21/2008

EXAM REASON: INJURY, PAIN LT HIP

EXAM TYPE: PORTABLE HIP LEFT

FINDINGS: AP and lateral views of the proximal left femur demonstrate no fracture, dislocation, or subluxation. The joint space is uniform. Alignment is excellent. Bone density is normal and uniform. There is no degenerative or unusual arthropathy. The adjacent soft tissue planes are normal without radiopaque foreign body.

IMPRESSION: NEGATIVE.

A handwritten signature of Anne Glaser MD, written in black ink.

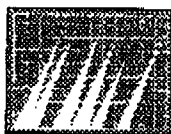
ANNE GLASER MD

D: 01/21/2008 17:37:03 CST

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Noted 1/22/08  
A handwritten signature, possibly of a nurse or administrator, written in black ink.



American Mobile Imaging Unit 3  
5766 Carmichael Parkway  
Montgomery, AL 36117-2351  
Phone: 334-269-3322  
Fax: 334-244-2974

## FINAL X-RAY REPORT

PATIENT: WEST, JAMES  
PHYSICIAN: DARBOUZE  
LOCATION: EASTERLING CORRECTIONAL FACILITY  
STATION: N/A

DOB: 11/03/1945  
DOS: 01/21/2008

EXAM REASON: PAIN RT SHOULKDER FROM INJURY

EXAM TYPE: PORTABLE SHOULDER RIGHT

FINDINGS: Views of the right shoulder with internal and external rotation demonstrate no fracture, dislocation, or subluxation. The glenohumeral joint and the acromioclavicular joint articulate normally with minor degenerative change. All cortical margins are intact, and the soft tissue planes are normal.

IMPRESSION: NEGATIVE RIGHT SHOULDER.

A handwritten signature in black ink, appearing to read "Anne Glaser", written over a horizontal line.

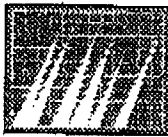
ANNE GLASER MD

D: 01/21/2008 17:40:05 CST

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Noted 1/22/08  
A handwritten signature in black ink, appearing to read "AD", written below the date "Noted 1/22/08".



American Mobile Imaging Unit 3  
5766 Carmichael Parkway  
Montgomery, AL 36117-2351  
Phone: 334-269-3322  
Fax: 334-244-2974

## FINAL X-RAY REPORT

PATIENT: **WEST, JAMES**  
PHYSICIAN: **DARBOUZE**  
LOCATION: **EASTERLING CORRECTIONAL FACILITY**  
STATION: **N/A**

DOB: 11/03/1945  
DOS: 01/21/2008

EXAM REASON: PAIN FROM INJURY

EXAM TYPE: PORTABLE LUMBAR SPINE

FINDINGS: AP and lateral views of the lumbar spine were submitted for evaluation. There are five non-rib-bearing lumbar type vertebral bodies. All pedicles are adequately visualized in the AP view. All vertebral bodies demonstrate osteopenia with normal heights; anterior and lateral osteophytosis is present throughout the lumbar spine but the disc spaces are preserved. There is no spondylolysis or spondylolisthesis, and there is no evidence for prior surgery. Surrounding soft tissues are unremarkable. The sacroiliac joints are intact.

IMPRESSION: NEGATIVE FOR AGE.

A handwritten signature in black ink, appearing to read "Anne Glaser".

ANNE GLASER MD

D: 01/21/2008 17:39:22 CST

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*Michael A. 1/22/08*



Correctional Medical Services  
Inter Disciplinary Progress NotesPatient  
Name:

WEST, JAMES

ID#:

110315

Institution:

EASTERLUND

Date	Time	Notes	Signature
1-21-08	8:00 A.M.	5" I didn't get my pain medicine this a.m., I can't hardly move without it. O-Sitting? & difficulty in rest in cell. AOX3, resp even & unlabored. Thorax anteroposterior to hall & hunched over posture. Jkns w/d, resp even, lungs clear - continue to hear "popping" noise @ V lobe posterior. VS: T-97.7 P-84 R-20 Ap 150/72 Sat 96% A- alt comfort P- Cont. to monitor — S. [Signature]	
1-22-08	10:00 A.M.	O-Back to hall in upright position. Careful gait for X's go — S. [Signature]	
01/21/08	4:00 PM	S: "no comment." O-AOX3 resp. even et unlabored. Resp. even & <del>sternum</del> <del>into</del> Moves to difficulty. Refused evening meal and vitals. Accept po meds, refused Metamucil. No pain "all over." A: alt. Comfort. P: Continue to monitor — K. [Signature]	
1/21/08	9 p.m.	S - "I am ok." O - AOX3 w/d skin w/d Resting on back. no complaints received, OR Distress noted. A - Pot. Alt. Comfort. P - Monitor P/W. — S. [Signature]	

Patient  
Name:

West, James

ID#:

110315

Institution:

ECF

Date	Time	Notes	Signature
1-20-08	4p	pain & deep bruising; lung sounds clear, equal bilaterally; O <sub>2</sub> sat >96% room air; C/o pain to @ hip & movement; HR 80, BP 120/78, Temp 98, RR 16; T/M refuses PO meds at this time A. alt comfort / Health maintenance P. Card. to monitor — J. Philon RN	
1-20-08	4:30p	Sgt. Wright to HCU and notified of T/M refusal to take meds this p.m.; T/M states he wants to take meds at this time; Card. to monitor — J. Philon RN	
1-21-08	150 AM	S" "My left side still hurts." O W/M alert & O x 3, keep even and unlabored; BP 135/80, RR 18, Sat 95%, T 98.0, bruises noted on left elbow and left side under arm to midline; C/o of pain to left side; C/o of pain with palpation; 2 officers present during VS check; T/M somewhat hostile to officer A alt-incomfort R/T pain P - monitor pt — V. Bedark RN	

Correctional Medical Services  
Inter Disciplinary Progress NotesPatient  
Name:

WEST, JAMES

ID#:

110315

Institution:

ECF

Date	Time	Notes	Signature
1-20-08	1:40 p.m.	5" I'm hurting I was today, then yesterday in the left side when I breathe and I can feel something popping when I take a deep breath" O-1/M sitting up in mat in cell. 1/M moving very slowly, & gasping. AOX3, resp shallow - labored when asked to take deep breaths lungs clear to auscultate "popping" noted @ post. lung. Discolored area noted under area described. VS: T-97.2 P-M R-24 Rr 14/60 Sat 93% (up to 96% when asked to take deep breaths) pain 19,0 A - alt comfort P - Dr. Sarbay contacted, advice received to add CXR to @ rib detail - will continue to monitor _____ S. J. [Signature]	
1-20-08	3pm.	O, I/M; W/M, lying on mattress; awake & OX3; resp. even, O c/o SOB; I/M accepts pm meal tray at this time P. Cont. to monitor _____ [Signature]	
1-20-08	4pm	S. "I'm not going to take it b/c the officer said I could not keep cups in the cell" O, W/M, alert & OX3, hostile temperament at this time; skin & bruising noted to upper extremities bilateral & bruising noted to @ post. lung area & c/o pain & movement and palpation & small audible popping noise & palpation; c/o →	

Correctional Medical Services  
Inter Disciplinary Progress NotesPatient  
Name:

West, James

ID#:

110315

Institution:

ECF

Date	Time	Notes	Signature
11/19/08	5:10pm	I/m & urine sample at this time; DR Darbony notified of I/m UA dipstick results; see MD orders; see MAR; Cont to monitor - K. Hilton RN	
11/19/08	11:15	S- "This thing needs to come out of my arm or I'm going to rip it out myself. I don't need any more of that." O- w/m sitting on pallet in safe cell. A+Ox3. No shortness of breath or distress noted. VS. T-96.8, P-68, O <sub>2</sub> -96, RR-18 C/o pain level 9 of 0-10 scale. IV to (L) hand changed intact, no redness or edema noted, D5 1/2 NS infusing at 100cc/hr. I/m refusing new bag of IV fluid. A- Aft in comfort related to pain P- Dr. Darbony contacted, IV and fluids D/c'd per I/O Dr. Darbony, continue to monitor M.H. Q. RN	
11/20/08	0330	I/m states he does not feel like eating breakfast right now, will try later after pain meds take effect. - M.H. Q. RN	

Correctional Medical Services  
Inter Disciplinary Progress NotesPatient  
Name:

WEST, JAMES

ID#:

110315

Institution:

EASTERLINK

Date	Time	Notes	Signature
1-19-08	10:00am	5" Jim pretty sore, and Jim not very hungry. O- 11m sitting ↑ in cell in mat. IV of D5 1/2 NS @ 150cc/hr infusing 5 difficulty. A+O x3, resp slow & unlabored, no distress noted. VS: T-97.8 P-68 R-20 Ap 110/54 Sat 96% A- alt comfort P- Cont. to monitor — S =	
1-19-08	10:30am	O- 11m states has not voided since noon yesterday. Voided ~ 80cc's dark amber urine with urine - U/A dip obtained. - S =	
1-19-08	11:45am	De Dabruzg. <sup>emergency</sup> <del>noted above</del> notified of above pt status and U/A dip results - orders received. See physician's order — Wamler	
1-19-08	5pm	S. "Still having bad pain to (L) hip and side" — O. w/m, alert = O x3; calm, cooperative; resp. even = & SOB noted; c/o pain = movement to (L) flank and (L) hip area as 10/10 on 1-10 pain scale; F/m = edema, little redness, and pain = palpation to (L) flank and (L) hip area; F/m = multiple bruising to upper extremities and (R) knee area = bandaid noted to (R) elbow site d/t abrasion to (R) elbow; IV to (L) hand c/p/I = D5 1/2 NS infusing at 100cc/hr; HR 74, BP 120/90, RR 16, Temp 97.8, RR 16, 96% O <sub>2</sub> sat on RA; F/m states he ate AM meal = only accepting juice this pm meal — A. Alt. comfort P. See MHR; Cont. to monitor — J. Hitenka	

Correctional Medical Services  
Inter Disciplinary Progress NotesPatient  
Name:

WEST JAMES

ID#: 110355

Institution:

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Date	Time	Notes	Signature
		CONTINUE FROM FRONT PAGE.	
1/18/08	9:30	O - ↑ Ambulate c/wst, walking c/ halting gait. "My Rt side ribs hurt, I've got this pain in my Lt. hip." IV HL started Rt. hand c/ #22g jelco on First stick, IV D5 1/2 NS started at 150cc/hr. Assisted pt. back to isolation cell. States "Thanks for pain med you gave me earlier it helped." BP 140/90 P 120 R 20 C 2 Sat 96%. A - Pot for infection R/T IV site. P - Continue to monitor PR. ——— d. Ewing RN	
1/18/08	9:40	P - XRay of Lt hip ordered. ——— d. Ewing RN	
1/18/08	10:45pm	S - "My ribs/side and @ hip hurt." "I'm sore all over!" O - W/M lying in isolation cell, fetal position. A&Ox3. Skin w/o to touch. Resp. even and unlabored. ↑ pain in @ side and @ hip upon movement. Rates pain 5/10 on 0-10 pain scale. #22 jelco heplock noted @ hand, D5 1/2 NS infusing @ 150ml/hr as ordered. No swelling or redness noted. I'm refusing VS at present. ——— No distress noted. ——— A - Att. in concert related to pain ——— P - Continue to monitor. ——— C. Hemingway	
1-19-08	7:06 A.M.	O - I/M resting quietly, eyes closed, Resp even & unlabored, no distress noted - 5.5	

Correctional Medical Services  
Inter Disciplinary Progress NotesPatient  
Name:

West, James

ID#: 110315

Institution: ECT

Date	Time	Notes	Signature
1-18-08	1:55pm	Pt refused UA —————	Wamle
1/18/08	3p	S - no comment" O - Wm resting on Rt. Side. Resp even unlabored. Shakes head no to request to get V.S. NO injury OR Acute distress noted at present. A - Alt coping. P - Monitor PRN. ————— L Ewin	
1/18/08	4p	S - "I don't want my medicine yet." O - Wm sitting ↑ on mattress, head held in hand. NO other complaints voiced. A - Pot. Alt Comfort ——— P - Monitor PRN. ————— L Ewin	
1/18/08	5:50pm	S - Let me see if I can go to the bathroom befr you start the IV. I am hurting so bad in my Lt side ribs. I can hardly catch my breath. O - Wm resting supine bed. Unable to sit up. Rolled OVER onto Floor & groaning & moaning. O2 Sat 95% P98. Agrees to take 4p.m pain med now. Pain 10 on Scale 1-10. Notified Doc of need to get in cell to examine pt. A - Alt Comfort P - P.m pain med given. Urinal given. ————— L Ewin	
1/18/08	9:30pm	S - I don't see why I need an IV but I will do it." O - Wm ↑ asst Doc officer & nurse. See back page. ————— L Ewin	

2008  
11-3-05

Date	#	Amount/Type Solution	Device	Location/ Inspection	Medication	Time	Nurse	Tubing Changed
1-15-08	1	DS 1/2 NS @ 150cc/hr pump	na	R Hand		Started 1-15-08		Time Date
						Ended		Nurse
						Started		Time Date
						Ended		Nurse
1-19-08	3	DS 1/2 NS Bolus		R Hand Unrested/dema		Started 1-19-08	JS	Time Date
						Ended 1-19-08	JS	Nurse
1-19-08	4	DS 1/2 NS @ 100cc/hr pump	na	R Hand CFA Unrested/dema	M/A	Started 1-19-08	JS	Time Date
						Ended 1-19-08	mH	Nurse
						Started		Time Date
						Ended		Nurse
						Started		Time Date
						Ended		Nurse
						Started		Time Date
						Ended		Nurse
						Started		Time Date
						Ended		Nurse
						Started		Time Date
						Ended		Nurse
						Started		Time Date
						Ended		Nurse
						Started		Time Date
						Ended		Nurse
						Started		Time Date
						Ended		Nurse
						Started		Time Date
						Ended		Nurse
						Started		Time Date
						Ended		Nurse
						Started		Time Date
						Ended		Nurse

[illegible]

# **CORRECTIONAL MEDICAL SYSTEMS INFIRMARY ADMISSION RECORD**

NAME: <u>WEST, JAMES</u>	ID# <u>110315</u> <u>055382</u>	RACE: <u>W/M</u>	DOB: <u>11-3-45</u> <u>02-26-78</u>
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ADMISSION TO BE COMPLETED BY PERSON RECEIVING PATIENT IN INFIRMARY

Date: 1-19-08 Time: 1:20 p.m. From: SEA

Method: Ambulatory ☒ Wheelchair ☐ Stretcher ☐ Admitting M.D. JAKOVIC  
 Admitting Diagnosis: OBSERVATION Admitting M.D. notified: \_\_\_\_\_ A.M. 12:01 P.M. \_\_\_\_\_

Admitting Orders: ☒ Yes ☐ No Medical Record: ☒ Yes ☐ No Transfer Medical Information: ☐ Yes ☒ No

VITAL SIGNS:	Time <u>97.1</u> <u>1-18-08</u>	Wt <u>175</u>	BP <u>129/74</u>	Pulse <u>104</u>	Reps <u>22</u>	Temp <u>97.1</u>
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PPD: Date: 12-16-06 Results: 0 mm

Known Allergies ☒ None ☐ If Yes, list and describe reaction:

Food: NA  
Drug: NA

MEDICATIONS Patient is currently taking (include over-the-counter medications)

NAME	DOSE/TIME/LAST DOSE	NAME	DOSE/TIME/LAST DOSE
<u>JW</u>	<u>MAA</u>		

EMOTIONAL STATUS ☐ Relaxed ☐ Cooperative ☐ Withdrawn ☐ Openly anxious ☒ Uncooperative

## IMPAIRMENTS:

Hearing: ☒ Adequate ☐ Decreased ☐ Rt. ☐ Lt. ☐ Hearing Aid ☐ Rt. ☐ Lt.  
 Vision: ☒ Adequate ☐ Decreased ☐ Rt. ☐ Lt. ☐ Glasses ☐ Contacts ☐ Cataracts ☐ Artificial Eye ☐ Glaucoma  
 Communication: Language ☐ English ☐ Other \_\_\_\_\_ Interpreter \_\_\_\_\_

Social History: Hx of anti-social behavior

Drug or Alcohol use: Both

Educational Level: 2yrs college

Smoking: on + off x several years

## SKIN ASSESSMENT:

Presence of Skin Lesions ☐ Yes ☒ No If Yes, describe on Skin Assessment Form.

Skin Color pink & multiple bruises Skin temperature: ☒ Warm ☐ Dry ☐ Cool ☐ Moist

Edema Describe: \_\_\_\_\_

Fingernails: Color pink - caprefill bnst Condition WNL

Toenails: Color pink - caprefill bnst Condition WNL

## NUTRITION ASSESSMENT:

Last Intake: Food 1-19-08 / 4 AM (Date/Time) Fluid 1-19-08 / 124pm (Date/Time)

Recent weight changes (reason) NO ☐ Increase ☐ Decrease

Difficulty in swallowing NO

Special Diet HA enr Regular diet

Feeding Tube ☐ Yes ☒ No Type \_\_\_\_\_

## ELIMINATION ASSESSMENT:

Last Bowel Movement 1-17-08 Constipation ☐ Yes ☒ No Diarrhea ☐ Yes ☒ No

Urine: Frequency ↓ Urgency SW Discharge ☐ Yes ☒ No Burning ☐ Yes ☒ No

## POTENTIAL FOR INJURY:

Steady on feet ☐ Yes ☒ No Aids to mobility: ☐ N/A ☐ Cane ☒ Walker ☐ Crutches ☐ Wheelchair ☐ Prosthesis

Recent Falls: ☐ Yes ☒ No

Signature J. Winters Date 1-19-08